| Provider Name: | Provider ID: |
|----------------|--------------|
| Address: | Client ID: |
| Client Name: | |

| FOSTER PARENT PRIVATE VEHICLE USAGE REPORT | | | | | | | | | |
|--|---------------|------------------------------|--|---|---------------------|---------------------------|---|---|--|
| DATE (MMDDYY) | FROM | TO (Location including City) | Beginning Odometer (whole miles only) | Ending Odometer (whole miles only) | Visitation Miles | Case Activity Miles | Medical and Other Essential Miles | Explanation of Miles Claimed | |
| | 产品类型技术 | | Omy | omy) | FTV | FTC | FTP | | |
| | | | | | Paledex | | | | |
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| CODES: | | | 1000 000 1000 | otal an separately) | | | | Please turn in mileage forms monthly | |

FTV - Visitation Miles (Only mileage to transport the foster child to and from visits with parents, siblings, or other relative/caregivers)

FTC - Case Activity Miles (Only mileage to and from reviews, court activities, case planning/staffing and placement transitions)

FTP - Medical and Other Essential Miles (Only mileage to transport foster child to and from medical, dental and mental health appointments and to and from caseworker approved essential, extraordinary activities such as school attendance outside of neighborhood boundaries, and youth bus pass. Agency payments to parents to visit child in foster care)

*Routine trips are not reimbursable, i.e., store, shopping, friend's house, school and recreational activities.

*If transporting more than one child at the same time, mileage will only be submitted for one client.

Provider's Signature Date Caseworker's Signature I hereby certify that this mileage was incurred for the above-designated child and the amounts are correct and proper.

Date